



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

ABSOLUTELY NO REFUNDS
OR TRANSFER OF FUNDS

PERC TEST APPLICATION

Fee: \$200.00/Reperc \$100.00

Please make checks payable to THE TOWN OF FOXBOROUGH.

BHP-_____
DATE REC'D _____
CHECK # _____

TRENCH PERMIT#: _____
(Must be paid to Bldg. Dept. prior to BOH approval.)
EXCAVATOR: _____
PHONE NUMBER: _____

LOCATION OF TEST:

ZONE II:

☐ Yes

☐ No

HOME OWNER:

ADDRESS:

TEL. NO.:

ENGINEER:

ADDRESS:

TEL. NO.:

- Plan of lot must accompany application.
- Application and appropriate fees must be filed with the Board of Health three days prior to the test date.
(Perc tests are witnessed by this office on Mon. – Thurs.)

PROPOSED TEST DATE: _____

(Updated January 1, 2012)